MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

(FOR USE WITH FORM PTO-875)

serial no 10/597042
- V V V V V V V V V V V V V V V V V V V

FILING DATE

APPLICANT(S)

CLAIMS

	T		ΑE	rep	A E		CLAIM	S			A Te	re D	A Tev	re D
	AS FILED		AFTER 1"AMENDMENT		AFTER 2 ** AMENDMENT				AS F	ILED	AFTER 1*AMENDMENT		AFTER 2 ™AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.	1	·	IND.	DEP.	IND.	DEP.	IND.	DEP.
2		1						51						
3	 	2					{	52 53						
4		(1)						54					_	
5	1							55						
6							1 I	56						
7		(T)]	57						
8		\bigcirc						_ 58						
9 10		Q L					1 1	59						
11							!	60 61						·
12		1					1 1	62						
13		15					i i	63						
14							1 I	64					-	· ·
15	1						j i	65						
16	ļ	 					Į [66						
17	-	5						67					· ·	
18 19		3						68				•		
20	 	75					1 1	69 70						
21		75						71						
22		15					l f	72			-			
23		α					1 1	73						
24							ŀĺ	74						
25								75						
26 27								76						
28								77						
29							ļ i	78 79	•			-		
30							ŀ	80						
31							· •	- 81						
32								82						
33								83						
34								84						
35 36							ļ. ļ.	85	•					
37							F	86 87						
38							ŀ	88						
39							 	89						
40								90						
41								91						
42	·							92						
43								93						
45								94						
46							 	95 96						
47							ŀ	97					-	
48							<u> </u>	98						
49							r	99						
50								100						
TOTAL IND.	_44	#		#		1		TOTAL IND,		+		+		1
TOTAL DEP.	27/	4		4		4	t	TOTAL DEP.						_
TOTAL				· · · · · · · · · · · · · · · · · · ·			ŀ	TOTAL		(N) N (N)		200		
CLAIMS	4			E		N	L	CLAIMS		U.S. DEPART	TMENT of CO	MMERCE		
PTO - 1360	(REV. 11/04)									rademark Offi			